

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... ST. ANTHONY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 10 HOURS
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... SUZANNE GRACE WETTEROTH

3. (b) If veteran; name war..... 3. (c) Social Security No.....

4. Sex..... FEMALE..... 5. Color or race..... WHITE..... 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... JANUARY 9, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 10 hr. min.

9. Birthplace..... ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name..... NORMAN H. WETTEROTH
13. Birthplace..... ST. LOUIS, MO. 0
(City, town, or county) (State or foreign country)
14. Maiden name..... MARIE COUGHLIN
15. Birthplace..... ST. LOUIS? MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... NORMAN H. WETTEROTH
(b) Address..... 17 A LARIMORE ROAD

17. (a) BUREIAL (Burial, cremation, or removal) (b) Date thereof..... 1-11-41
(Month) (Day) (Year)

(c) Place: burial or cremation..... C. ALVARY CEMETERY

18. (a) Signature of funeral director..... Arthur J. Donnelly

(b) Address..... 3840 Lindell Blvd

19. (a) JAN 11 1941 (b) J. F. Blodgett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County..... S. T. LOUIS 96
(c) City or town..... RURAL
(If outside city or town limits, write "RURAL")
(d) Street No..... # 17 LARIMORE ROAD
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... JAN. day..... 10, year..... 1941 hour..... 4 minute..... A.M.

21. I hereby certify that I attended the deceased from Jan. 9 to Jan. 10, 1941; that I last saw her alive on Jan. 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Premature Infant 7 months

Due to.....

Due to..... Preexisting spontaneous hypertensive hemorrhage - 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... 3548 S. Dennis Date signed..... 1/11/41

St. Anthony's Hospital
Clerical Branch
11 am

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W H Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.